

FILED NOV 8 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36535

STATE FILE NUMBER

Registration District No. 283 Primary Registration District No. 5255 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mt. Vernon Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>255</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>			Length of stay in lb <u>6 weeks</u>		d. STREET ADDRESS (If outside, give location) <u>10 mi. E. Mt. Vernon</u>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Austin</u> Last <u>Hamby</u>				4. DATE OF DEATH Month <u>10</u> Day <u>30</u> Year <u>1957</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>9 - 16 - 1938</u>		9. AGE (In years last birthday) <u>19</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Army</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state of country) <u>Aurora Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13. FATHER'S NAME <u>J. J. Hamby</u>				14. MOTHER'S MAIDEN NAME <u>Mary Irene Wood</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>9-29-55-100-933357</u>		17. INFORMANT <u>J. J. Hamby</u>		Address <u>Mt. Vernon, Mo. R 1.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Infection of lungs and liver & leukemia</u> DUE TO (b) <u>Mt. Vernon & left lung</u> DUE TO (c) <u>Osteo sarcoma primary in right femur</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. (a) <u>196X</u>								INTERVAL BETWEEN ONSET AND DEATH <u>9 mo</u> <u>April 1957</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour <u>11:45</u> Month <u>HEM</u> Day <u>HEM</u> Year <u>HEM</u>									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>2nd Vernon</u>		20f. CITY, TOWN, OR LOCATION <u>Lawrence</u>		COUNTY <u>Lawrence</u>		STATE <u>Mo</u>	
21. I attended the deceased from <u>Feb 15 - 1957</u> to <u>Oct 27, '57</u> and last saw <u>him</u> alive on <u>Oct 27 - 1957</u> Death occurred at <u>11:45 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Stanley Hayward</u>				(Degree or title) <u>2nd Vernon</u>		22b. ADDRESS <u>Lawrence</u>		22c. DATE SIGNED <u>10-31-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11 - 1 - 57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Maple Park Cemetery</u>		23d. LOCATION (City, town, or county) <u>Aurora</u>		(State) <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>H. D. Fossett</u>				ADDRESS <u>Mt. Vernon, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>10-31-57</u>		26. REGISTRAR'S SIGNATURE <u>Cecil Hendricks</u>	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STANDARD CERTIFICATE OF DEATH

NOV 20 1957
JAN 8 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. D. Lonett

Licensed Embalmer No 220

P. O. Address W. D. Lonett

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.